

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 24 1998 8:00am  
Secretary of State

• NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000003798 (4)**

1. Corporation Name

**VILLAS AT SPRING CREEK HOMEOWNERS ASSOCIATION, I  
NC.**

Principal Place of Business

Mailing Address

**2715 N. HARBOR CITY BLVD.  
SUITE 9  
MELBOURNE FL 32935  
US**

**P.O. BOX 410009  
BELBOURNE FL 32941  
US**



3. Date Incorporated or Qualified

**08/07/1995**

4. FEI Number

**-59-2580402 59-3326273**

Applied For

☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 2715 N Harbor City Blvd**

**26 P.O. Box 410009**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 4**

**27**

City & State

City & State

**23 Melbourne, Florida**

**28 Melbourne, FL**

Zip

Zip

**24 32935**

**29 32941**

Country

Country

**25**

**30**

**US**

**US**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☒ Yes

☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GENONI, JOHN  
2715 N. HARBOR CITY BLVD.  
SUITE 9  
MELBOURNE FL 32935**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**2715 N. Harbor City Blvd**

83

**Suite 4**

84 City

**Melbourne**

**FL**

85 Zip Code

**32935**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE

NAME **GENONI, JOHN M**  
STREET ADDRESS **2715 N. HARBOR CITY BLVD., SUITE 9**  
CITY-ST-ZIP **BELBOURNE FL**

TITLE **D** ☒ DELETE

NAME **GENONI, CHAD**  
STREET ADDRESS **2715 N. HARBOR CITY BLVD., SUITE 9**  
CITY-ST-ZIP **BELBOURNE FL**

TITLE **D** ☒ DELETE

NAME **BRYANT, SHANNON E**  
STREET ADDRESS **2715 N. HARBOR CITY BLVD., SUITE 9**  
CITY-ST-ZIP **MELBOURNE FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DP** ☒ Change ☐ Addition

1.2 NAME **John M. Genoni**  
1.3 STREET ADDRESS **2715 N. Harbor City Blvd Suite 4**  
1.4 CITY-ST-ZIP **Melbourne, FL 32935**

2.1 TITLE **D** ☐ Change ☒ Addition

2.2 NAME **Loy D. Ann Soules**  
2.3 STREET ADDRESS **2715 N. Harbor City Blvd Suite 4**  
2.4 CITY-ST-ZIP **Melbourne, Florida 32935**

3.1 TITLE **D** ☐ Change ☒ Addition

3.2 NAME **John P. Genoni**  
3.3 STREET ADDRESS **2715 N. Harbor City Blvd Suite 4**  
3.4 CITY-ST-ZIP **Melbourne, Florida 32935**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

 **John M. Genoni**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/8/98**

**407-255-7601**

Date Daytime Phone # **0019761**

CR2E037 (10/97)